



APPLICATION FOR VARIANCE

State Form 44400 (R7 / 10-13)
Approved by State Board of Accounts, 2013

INDIANA DEPARTMENT OF HOMELAND SECURITY
CODE SERVICES SECTION
302 West Washington Street, Room W246
Indianapolis, IN 46204-2739
http://www.in.gov/dhs/fire/fp_bs_comm_code/



INSTRUCTIONS: Please refer to the attached four (4) page instructions.
Attach additional pages as needed to complete this application.

Variance number (Assigned by department)

15-03-3(A)

1 APPLICANT INFORMATION (Person who would be in violation if variance is not granted, usually this is the owner)

| | |
|--|------------------|
| Name of applicant | Title |
| DAVID WENGERD | PROJECT MANAGER |
| Name of organization | Telephone number |
| n/a | (260) 233-7991 |
| Address (number and street, city, state, and ZIP code) | |
| 675 W 100 S MONROE, IN 46772 | |

2 PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant)

| | |
|--|------------------|
| Name of applicant | Title |
| n/a | |
| Name of organization | Telephone number |
| | () |
| Address (number and street, city, state, and ZIP code) | |
| | |

3 DESIGN PROFESSIONAL OF RECORD (if applicable)

| | |
|--|------------------|
| Name of design professional | License number |
| n/a | |
| Name of organization | Telephone number |
| | () |
| Address (number and street, city, state, and ZIP code) | |
| | |

4 PROJECT IDENTIFICATION

| | | |
|--|----------------------|--------|
| Name of project | State project number | County |
| Canope Parochial School | | ADAMS |
| Address of site (number and street, city, state, and ZIP code) | | |
| 7581 S 000 Rd., Berne, IN 46711 | | |
| Type of project | | |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Change of occupancy <input type="checkbox"/> Existing | | |

5 REQUIRED ADDITIONAL INFORMATION

The following required information has been included with this application (check as applicable):

- A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions)
- One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives.
- Written documentation showing that the local fire official has received a copy of the variance application.
- Written documentation showing that the local building official has received a copy of the variance application.

6 VIOLATION INFORMATION

Has the Plan Review Section of the Division of Fire and Building Safety issued a Correction Order?

Yes (If yes, attach a copy of the Correction Order.) No

Has a violation been issued?

Yes (If yes, attach a copy of the Violation and answer the following.) No

Violation issued by:

Local Building Department
 State Fire and Building Code Enforcement Section
 Local Fire Department

7. DESCRIPTION OF REQUESTED VARIANCE

Name of code or standard and edition involved

2008 Indiana Building Code

Specific code section

1006

Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary)

This is a small rural Amish school. Means of egress illumination required by Section 1006 will not be installed.

8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED

Select one of the following statements:

- Non-compliance with the rule will not be adverse to the public health, safety or welfare; or
- Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (*be specific*).

Facts demonstrating that the above selected statement is true:

- For the safety of the children, travel to and from these schools is accomplished during daylight hours. Because of this, the school building will not be used during non-daylight hours.
- Highly reflective photo luminescent exit signs will be installed at each exit door.
- An interconnected smoke and heat detection/alarm system will be installed throughout the building.

9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

Select at least one of the following statements:

- Imposition of the rule would result in an undue hardship (*unusual difficulty*) because of physical limitations of the construction site or its utility services.
- Imposition of the rule would result in an undue hardship (*unusual difficulty*) because of major operational problems in the use of the building or structure.
- Imposition of the rule would result in an undue hardship (*unusual difficulty*) because of excessive costs of additional or altered construction elements.
- Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.

Facts demonstrating that the above selected statement is true:

This rural Amish school is not served with electricity to power the emergency lighting.

10. STATEMENT OF ACCURACY

I hereby certify under penalty of perjury that the information contained in this application is accurate.

Signature of applicant or person submitting application

David Wengerd

Please print name

David Wengerd

Date of signature (month, day, year)

1-27-15

Signature of design professional (if applicable)

Please print name

Date of signature (month, day, year)

11. STATEMENT OF AWARENESS (If the application is submitted on the applicant's behalf, the applicant must sign the following statement)

I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.

Signature of applicant

Please print name

Date of signature (month, day, year)



APPLICATION FOR VARIANCE

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CODE SERVICES SECTION
302 West Washington Street, Room W246
Indianapolis, IN 46204-2739
http://www.in.gov/dhs/fire/fo_bs_comm_code/



INSTRUCTIONS: Please refer to the attached four (4) page instructions.
Attach additional pages as needed to complete this application.

Variance number: (Assigned by department)

15-03-3 (b)

1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner)

| | |
|---|---|
| Name of applicant DAVID WENGERD | Title PROJECT MANAGER |
| Name of organization n/a | Telephone number (260) 233-7991 |
| Address (number and street, city, state, and ZIP code) 675 W 100 S MONROE, IN 46772 | |

2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant)

| | |
|--|-------------------------|
| Name of applicant n/a | Title |
| Name of organization | Telephone number () |
| Address (number and street, city, state, and ZIP code) | |

3. DESIGN PROFESSIONAL OF RECORD (If applicable)

| | |
|--|-------------------------|
| Name of design professional n/a | License number |
| Name of organization | Telephone number () |
| Address (number and street, city, state, and ZIP code) | |

4. PROJECT IDENTIFICATION

| | | |
|---|----------------------|------------------------|
| Name of project Canope Parochial School | State project number | County ADAMS |
| Address of site (number and street, city, state, and ZIP code) 7581 S 000 Rd., Berne, IN 46711 | | |
| Type of project <input checked="" type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Change of occupancy <input type="checkbox"/> Existing | | |

5. REQUIRED ADDITIONAL INFORMATION

The following required information has been included with this application (check as applicable):

- A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions)
- One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives.
- Written documentation showing that the local fire official has received a copy of the variance application.
- Written documentation showing that the local building official has received a copy of the variance application.

6. VIOLATION INFORMATION

Has the Plan Review Section of the Division of Fire and Building Safety issued a Correction Order?
 Yes (If yes, attach a copy of the Correction Order.) No

Has a violation been issued?
 Yes (If yes, attach a copy of the Violation and answer the following.) No

Violation issued by:
 Local Building Department
 State Fire and Building Code Enforcement Section
 Local Fire Department

DESCRIPTION OF REQUESTED VARIANCE

Name of code or standard and edition involved

Specific code section

2008 Indiana Building Code

907.2.3

Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary)

This is a small rural two-room Amish School with an occupant load of less than 70. The manual fire alarm system required by Section 907.2.3 will not be installed.

8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED

Select one of the following statements:

- Non-compliance with the rule will not be adverse to the public health, safety or welfare; or
- Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (be specific).

Facts demonstrating that the above selected statement is true:

- Provide interconnected, long life battery smoke and heat detectors throughout building.

9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

Select at least one of the following statements:

- Imposition of the rule would result in an undue hardship (unusual difficulty) because of physical limitations of the construction site or its utility services.
- Imposition of the rule would result in an undue hardship (unusual difficulty) because of major operational problems in the use of the building or structure.
- Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements.
- Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.

Facts demonstrating that the above selected statement is true:

This small, two-room school will have a fully operational interconnected smoke and heat detector/alarm system throughout the building. Adequate notice to evacuate the building will be provided via this system. The only difference between the system proposed and the required system is the addition of a manual pull station at the exit doors. Given the small size of the building these pull stations are not necessary.

10. STATEMENT OF ACCURACY

I hereby certify under penalty of perjury that the information contained in this application is accurate.

| | | |
|---|---|--|
| Signature of applicant or person submitting application <i>David Wengard</i> | Please print name <i>David Wengard</i> | Date of signature (month, day, year) <i>1-27-15</i> |
| Signature of design professional (if applicable) | Please print name | Date of signature (month, day, year) |

11. STATEMENT OF AWARENESS (if the application is submitted on the applicant's behalf, the applicant must sign the following statement)

I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.

| | | |
|------------------------|-------------------|--------------------------------------|
| Signature of applicant | Please print name | Date of signature (month, day, year) |
|------------------------|-------------------|--------------------------------------|



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 302 West Washington Street, Room W246
 Indianapolis, IN 45204-2739
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INSTRUCTIONS: Please refer to the attached four (4) page instructions.
 Attach additional pages as needed to complete this application.

Variance number: (Assigned by department)
 15-03-360

| 1. APPLICANT INFORMATION (Person who would bear violation if variance is not granted, usually this is the owner) | | |
|--|----------------------|--------|
| Name of applicant | Title | |
| DAVID WENGERD | PROJECT MANAGER | |
| Name of organization | Telephone number | |
| n/a | (260) 233-7991 | |
| Address (number and street, city, state, and ZIP code) | | |
| 675 W 100 S MONROE, IN 46772 | | |
| 2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant) | | |
| Name of applicant | Title | |
| n/a | | |
| Name of organization | Telephone number | |
| | () | |
| Address (number and street, city, state, and ZIP code) | | |
| | | |
| 3. DESIGN PROFESSIONAL OF RECORD (If applicable) | | |
| Name of design professional | License number | |
| n/a | | |
| Name of organization | Telephone number | |
| | () | |
| Address (number and street, city, state, and ZIP code) | | |
| | | |
| 4. PROJECT IDENTIFICATION | | |
| Name of project | State project number | County |
| Canope Parochial School | | ADAMS |
| Address of site (number and street, city, state, and ZIP code) | | |
| 7581 S 000 Rd., Berne, IN 46711 | | |
| Type of project | | |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Change of occupancy <input type="checkbox"/> Existing | | |
| 5. REQUIRED ADDITIONAL INFORMATION | | |
| The following required information has been included with this application (check as applicable): | | |
| <input checked="" type="checkbox"/> A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions) | | |
| <input checked="" type="checkbox"/> One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives. | | |
| <input checked="" type="checkbox"/> Written documentation showing that the local fire official has received a copy of the variance application. | | |
| <input checked="" type="checkbox"/> Written documentation showing that the local building official has received a copy of the variance application. | | |
| 6. VIOLATION INFORMATION | | |
| Has the Plan Review Section of the Division of Fire and Building Safety issued a Correction Order? | | |
| <input type="checkbox"/> Yes (If yes, attach a copy of the Correction Order.) <input checked="" type="checkbox"/> No | | |
| Has a violation been issued? | | |
| <input type="checkbox"/> Yes (If yes, attach a copy of the Violation and answer the following.) <input checked="" type="checkbox"/> No | | |
| Violation issued by: | | |
| <input type="checkbox"/> Local Building Department <input type="checkbox"/> State Fire and Building Code Enforcement Section <input type="checkbox"/> Local Fire Department | | |

7. DESCRIPTION OF REQUESTED VARIANCE

Name of code or standard and edition involved

Specific code section

2008 Indiana Building Code

Table 29

Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary)

This is a small rural Amish school. The drinking fountain required by Table 29 will not be installed.

8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED

Select one of the following statements:

- Non-compliance with the rule will not be adverse to the public health, safety or welfare; or
- Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (be specific).

Facts demonstrating that the above selected statement is true:

Bottled water will be provided for occupants.

9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

Select at least one of the following statements:

- Imposition of the rule would result in an undue hardship (unusual difficulty) because of physical limitations of the construction site or its utility services.
- Imposition of the rule would result in an undue hardship (unusual difficulty) because of major operational problems in the use of the building or structure.
- Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements.
- Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.

Facts demonstrating that the above selected statement is true:

This is a small rural Amish school with neither electricity or water service to serve a drinking fountain available on site.

10. STATEMENT OF ACCURACY

I hereby certify under penalty of perjury that the information contained in this application is accurate.

Signature of applicant or person submitting application

Please print name

Date of signature (month, day, year)

David Wengerd

David Wengerd

1-27-15

Signature of design professional (if applicable)

Please print name

Date of signature (month, day, year)

11. STATEMENT OF AWARENESS (If the application is submitted on the applicant's behalf, the applicant must sign the following statement)

I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.

Signature of applicant

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INSTRUCTIONS: Please refer to the attached four (4) page instructions.
 Attach additional pages as needed to complete this application.

Variance number: (Assigned by department)
15-03-3(d)

| | | |
|--|---|------------------------|
| 1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner) | | |
| Name of applicant DAVID WENGERD | Title PROJECT MANAGER | |
| Name of organization n/a | Telephone number (260) 233-7991 | |
| Address (number and street, city, state, and ZIP code) 675 W 100 S MONROE, IN 46772 | | |
| 2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant) | | |
| Name of applicant n/a | Title | |
| Name of organization | Telephone number () | |
| Address (number and street, city, state, and ZIP code) | | |
| 3. DESIGN PROFESSIONAL OF RECORD (If applicable) | | |
| Name of design professional n/a | License number | |
| Name of organization | Telephone number () | |
| Address (number and street, city, state, and ZIP code) | | |
| 4. PROJECT IDENTIFICATION | | |
| Name of project Canope Parochial School | State project number | County ADAMS |
| Address of site (number and street, city, state, and ZIP code) 7581 S 000 Rd., Berne, IN 46711 | | |
| Type of project <input checked="" type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Change of occupancy <input type="checkbox"/> Existing | | |
| 5. REQUIRED ADDITIONAL INFORMATION | | |
| The following required information has been included with this application (check as applicable): | | |
| <input checked="" type="checkbox"/> A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions) | | |
| <input checked="" type="checkbox"/> One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives. | | |
| <input checked="" type="checkbox"/> Written documentation showing that the local fire official has received a copy of the variance application. | | |
| <input checked="" type="checkbox"/> Written documentation showing that the local building official has received a copy of the variance application. | | |
| 6. VIOLATION INFORMATION | | |
| Has the Plan Review Section of the Division of Fire and Building Safety issued a Correction Order? <input type="checkbox"/> Yes (If yes, attach a copy of the Correction Order.) <input checked="" type="checkbox"/> No | | |
| Has a violation been issued? <input type="checkbox"/> Yes (If yes, attach a copy of the Violation and answer the following.) <input checked="" type="checkbox"/> No | | |
| Violation issued by: <input type="checkbox"/> Local Building Department <input type="checkbox"/> State Fire and Building Code Enforcement Section <input type="checkbox"/> Local Fire Department | | |

7. DESCRIPTION OF REQUESTED VARIANCE

Name of code or standard and edition involved

2008 Indiana Building Code

Specific code section

1011.2

Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary)

This is a rural, two-room Amish school without electricity. The electrically powered illumination of the exit signs will not be provided.

8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED

Select one of the following statements:

- Non-compliance with the rule will not be adverse to the public health, safety or welfare; or
- Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (*be specific*).

Facts demonstrating that the above selected statement is true:

Highly reflective, photo-luminescent exit signs will be provided at all exit doors.

9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

Select at least one of the following statements:

- Imposition of the rule would result in an undue hardship (*unusual difficulty*) because of physical limitations of the construction site or its utility services.
- Imposition of the rule would result in an undue hardship (*unusual difficulty*) because of major operational problems in the use of the building or structure.
- Imposition of the rule would result in an undue hardship (*unusual difficulty*) because of excessive costs of additional or altered construction elements.
- Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.

Facts demonstrating that the above selected statement is true:

This rural Amish school is not served with electricity to power the exit sign lighting.

10. STATEMENT OF ACCURACY

I hereby certify under penalty of perjury that the information contained in this application is accurate.

Signature of applicant or person submitting application

David Wengerd

Please print name

David Wengerd

Date of signature (month, day, year)

1-27-15

Signature of design professional (if applicable)

Please print name

Date of signature (month, day, year)

11. STATEMENT OF AWARENESS (If the application is submitted on the applicant's behalf, the applicant must sign the following statement)

I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.

Signature of applicant

Please print name

Date of signature (month, day, year)